

Name
in
Full

David Bowser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death	1909	Month	June	Day	15
Age		Years		Months	5
Sex	male	Color or Race	Black	Birth-place	Chestertown
Occupation	none	Where Residing if not at place of death		Chestertown	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Junior Richardson	Father's Birthplace		Chestertown	
Mother's Maiden Name	Lena Bowser	Mother's Birthplace		Chestertown	
Name of person giving Information	Junior Richardson	How related to deceased		Father	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Marguerite	How long	Don't know
Immediate	Exhaustion	How long	Several days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Frank B. Hines	
Address		Chestertown MD	
Accident or Suicide			

James M. E.

Name
in
Full

CERTIFICATE OF DEATH

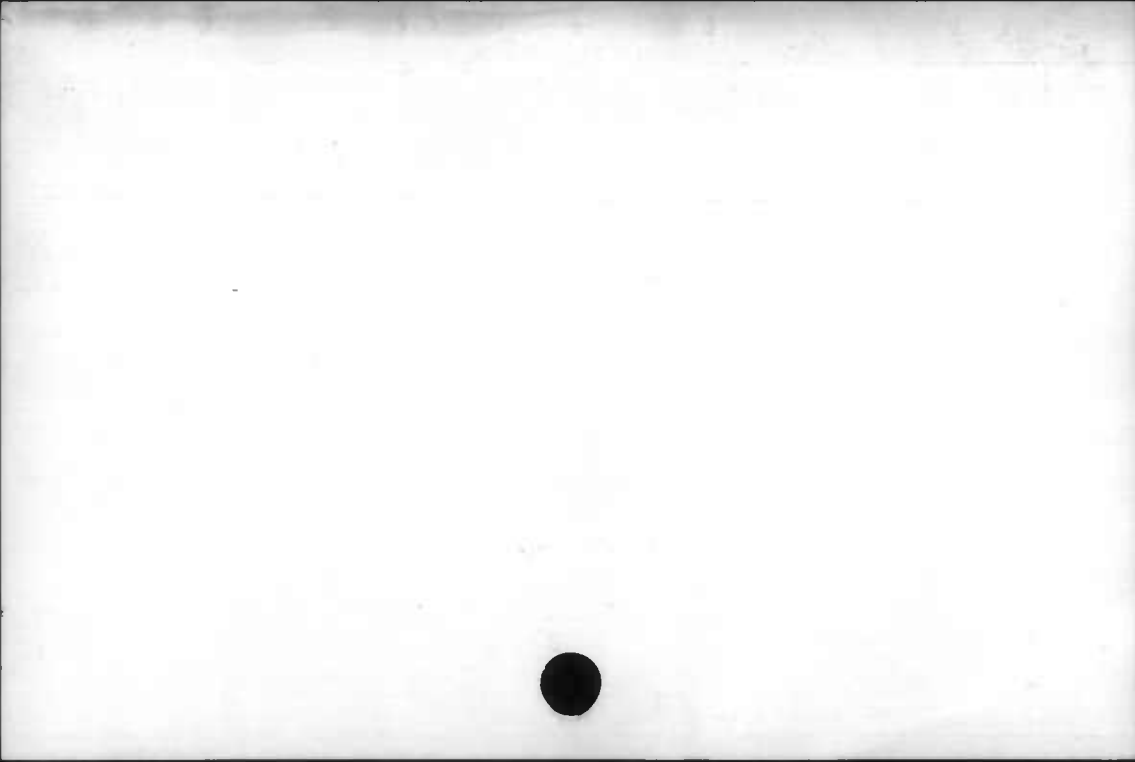
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Still Pond Creek		Stent					
Date of death		Month		Day		Years	
1909		June		2		Age 48	
Sex		Color or Race		Birth-place			
Male		Black		Ind			
Occupation		Where Residing if not at place of death					
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
married		Mary F. Brooks					
Father's Name		Father's Birthplace					
Anthony Brooks		Ind					
Mother's Maiden Name		Mother's Birthplace					
Armintha Anderson		Ind					
Name of person giving Information		How related to deceased					
Alex Brooks		Brother					

CAUSES OF DEATH

Primary	Paralysis.	How long	9 months.
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?	yes.	Signature of Physician	W. S. Maxwell.
		Address	Still Pond, Md.
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Sallie Burk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Galena</i>		County <i>Kent</i>		MARYLAND	
Date of death	1909	Month 6	Day 24 th	Age 34	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Housework</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>George Burk</i>				
Father's Name	<i>James Collins</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Fannie Ringold</i>				Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>George Burk</i>				How related to deceased	<i>Husband</i>	

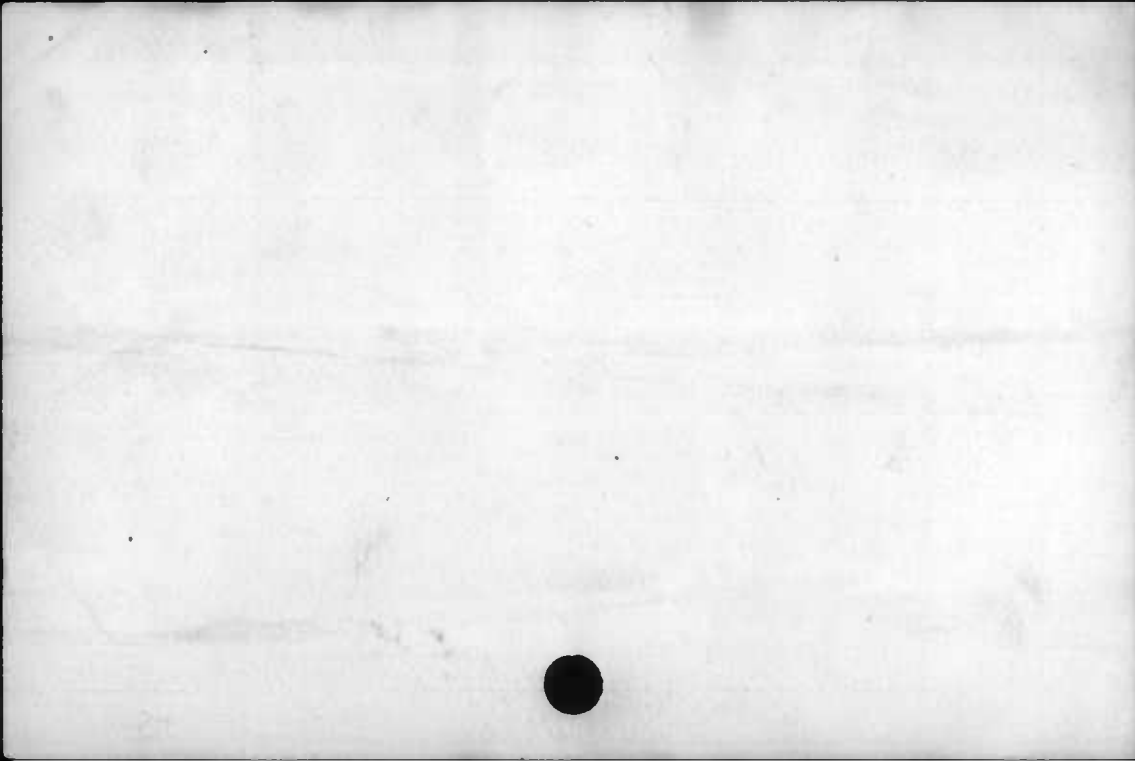
CAUSES OF DEATH

27

✓

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>		How long	<i>Indefinite</i>
Immediate	<i>Exhaustion</i>		How long	<i>14 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Geo. R. Jones M.D.</i>
			Address	<i>Galena</i>
Accident or Suicide?				<i>Med</i>



Name
in
Full

CERTIFICATE OF DEATH

Gilbert Chains

Town

County

Died at

Chestertown

Kent

MARYLAND

Date

of death

1909

Month

6

Day

29

Age

Years

1

Months

0

Days

15

Sex

Male

Color of
Race

White

Birth-
place

Chestertown

Occupation

Infant

Where Residing if not
at place of death

Chestertown

Married, Single
or Widowed

Infant

Name of Wife or
Husband

Infant

Father's
Name

George Elchairs

Father's
Birthplace

Millington Md

Mother's
Maiden Name

Annie E Kittinghouse

Mother's
Birthplace

Galtsville Ind

Name of person giving
Information

George Elchairs

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

one week

Immediate

Cholera Infantum

How long

one week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. B. Benge

Address

Chestertown Md

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ch. Dodd

Leicester Cemetery

Name
in
Full

John Wesley Cammer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

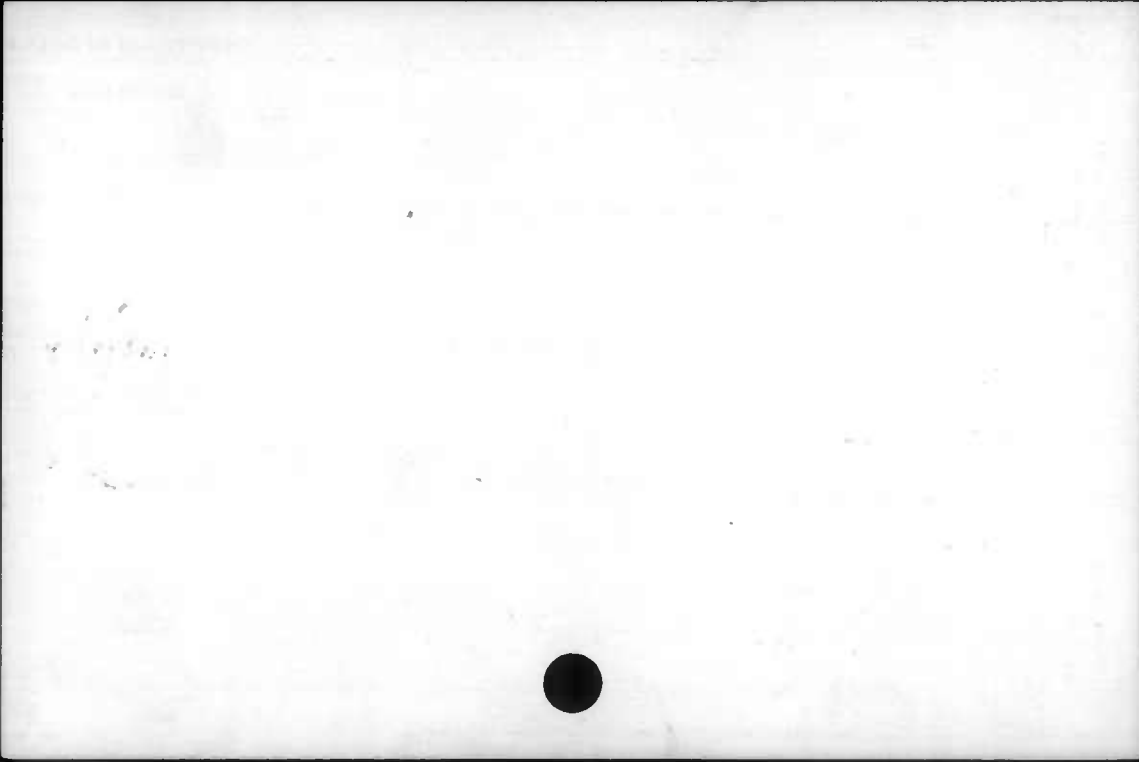
Died at <i>Mount Zion</i>		Town <i>Mount Zion</i>		County <i>West</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>June</i>		Day <i>19th</i>		Age <i>2</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Mount Zion</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Robert Anderson</i>				Father's Birthplace <i>W.D.</i>			
Mother's Maiden Name <i>Fannie Cammer</i>				Mother's Birthplace <i>W.D.</i>			
Name of person giving Information <i>Mary Cammer</i>				How related to deceased <i>Wid Mother</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Nervousness</i>		How long <i>All his life</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Hooton</i>	
		Address <i>W.D. 1st P.O.</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Hilbur Ellison

Town

County

MARYLAND

Died at Chestertown

Kent Co

Date

Month

Day

Years

Months

Days

of death

1909

June

21

Age

52

8 mo

24

Sex

female

Color or
Race

white

Birth-
placeChesapeake
Kent Co.

Occupation

farmer's wife

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Hilbur Ellison

Father's
Name

Hiram Brown

Father's
BirthplaceChesapeake
Kent Co.Mother's
Maiden Name

Mary Elizabeth Merritt

Mother's
BirthplaceChesapeake
Kent Co.Name of person giving
Information

D. E. Ellison

How related
to deceased

son

CAUSES OF DEATH

43

Primary

Gummary carcinoma

How long

1 yr.

Immediate

metastatic carcinoma

How long

6 mo.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

D. E. Ellison

Address

334 S 16 St St
Pikes Pa

Accident or Suicide

PHYSICIAN
OR CORONER

Chester cemetery

Name
in
Full

Mary Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		June	24	36	3	15	
Sex		Color or Race		Birth-place			
Female		White		Chestertown			
Occupation		Where Residing if not at place of death					
Clerk		Chestertown					
Married, Single or Widowed		Name of Wife or Husband					
Single		—					
Father's Name		Father's Birthplace					
Wm. J. Elliott		Pa.					
Mother's Maiden Name		Mother's Birthplace					
Anna Regina		Md.					
Name of person giving Information		How related to deceased					
Sara H. Evans		Sister					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Pneumonia	How long	Some time
Immediate	Intestinal Catarrh. Exhaustion	How long	About 3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Frank B. Hines	
		Address	
		Chestertown Md	
Accident or Suicide			
No			

Chester Cemetery
Chas Dodd

Name
in
Full

Mrs. H. F. Farnham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

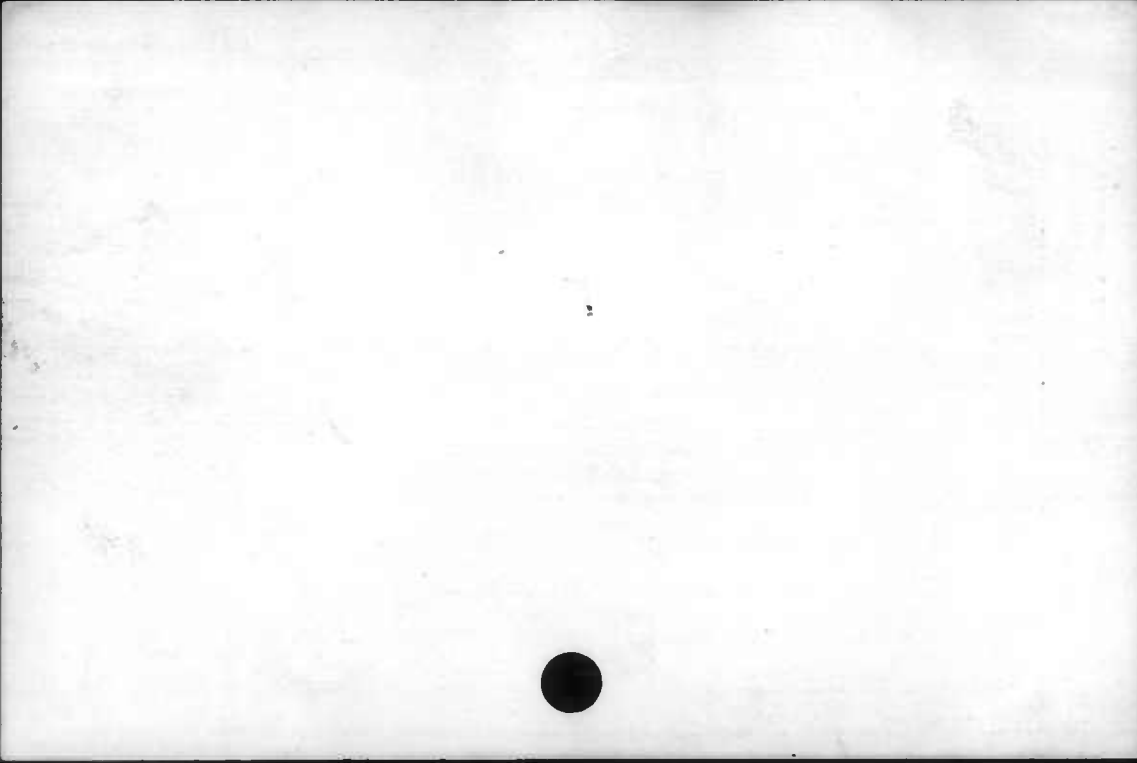
Died at <i>Brown Farm</i>		Town <i>Brown</i>		County <i>West</i>		State <i>MARYLAND</i>	
Date of death	1909	Month	<i>June</i>	Day	<i>20th</i>	Age	<i>60 +</i>
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>Virginia</i>
Occupation	<i>Day laborer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband <i>—</i>			
Father's Name	<i>unknown</i>				Father's Birthplace	<i>unknown</i>	
Mother's Maiden Name	<i>unknown</i>				Mother's Birthplace	<i>unknown</i>	
Name of person giving Information	<i>Tom Farnham</i>				How related to deceased	<i>Friend</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>4 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. Horton Kelley</i>
		Address	<i>Old Point, Md.</i>
Accident or Suicide			



Name
in
Full

Rosa Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Melisota		County Kent		MARYLAND	
Date of death		Month June	Day 29	Age 12 1/2	Months 10	Days 26	
Sex	Female		Color of Race	Colored		Birth- place	Kent Co.
Occupation	unemployed			Where Residing if not at place of death		at home	
Married, Single or Widowed	single		Name of Wife or Husband Singer				
Father's Name	Sandy Ford				Father's Birthplace	Kent and	
Mother's Maiden Name	Carol Wright				Mother's Birthplace	Kent Co Md	
Name of person giving Information	Sandy Ford				How related to deceased	Father	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Phthisis Pulm -		How long	5 or 6 months
Immediate	Hemorrhage		How long	Five minutes
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	H. Bunge - minor
			Address	Chester town md.
Accident or Suicide		no,		

Hicks

Militola

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

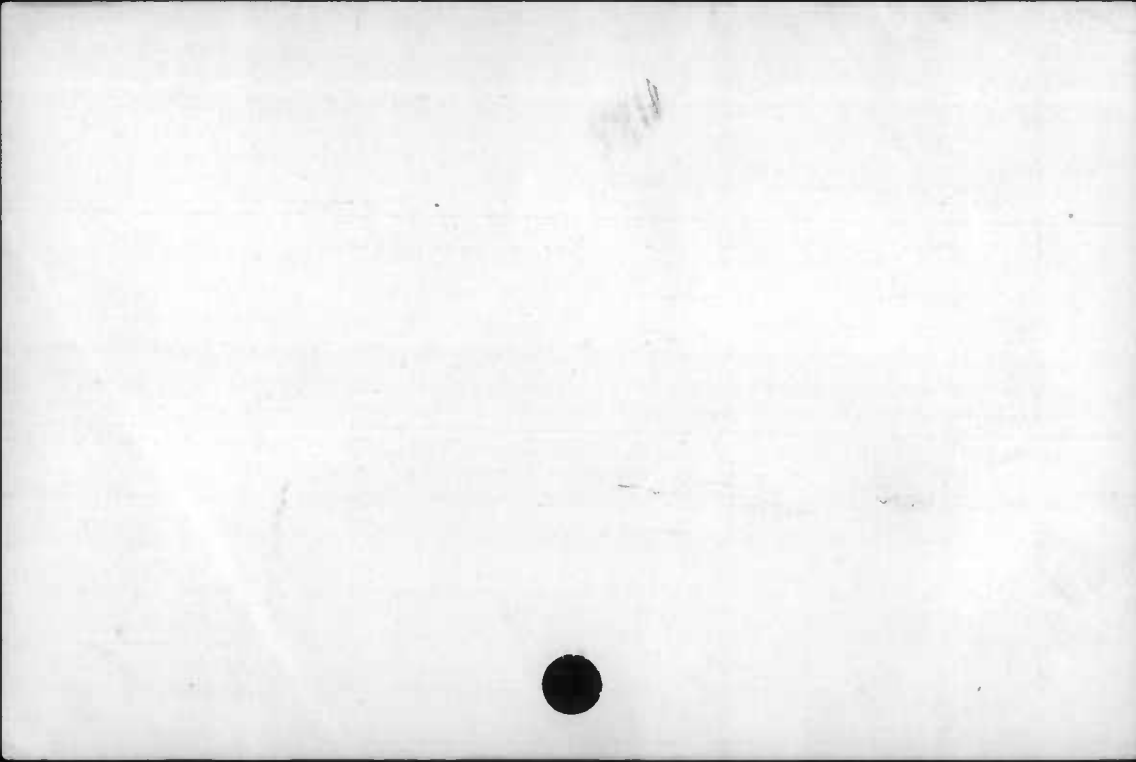
Name in Full <i>Joseph Harrison Garner.</i>				Town <i>Marsey</i>		County <i>Hent.</i>		MARYLAND	
Died at		Date of death <i>1909 June 1</i>		Age <i>1</i>		Months <i>3</i>		Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>					
Occupation <i>none</i>				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>Lewis Garner</i>				Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Annie Harris</i>				Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Lewis Garner</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

28 ✓

PHYSICIAN
OR CORONER

Primary <i>Tubercular Meningitis</i>		How long <i>10 days</i>	
Immediate <i>Exhaustion</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. R. Jones M.D.</i>	
		Address <i>Galena, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

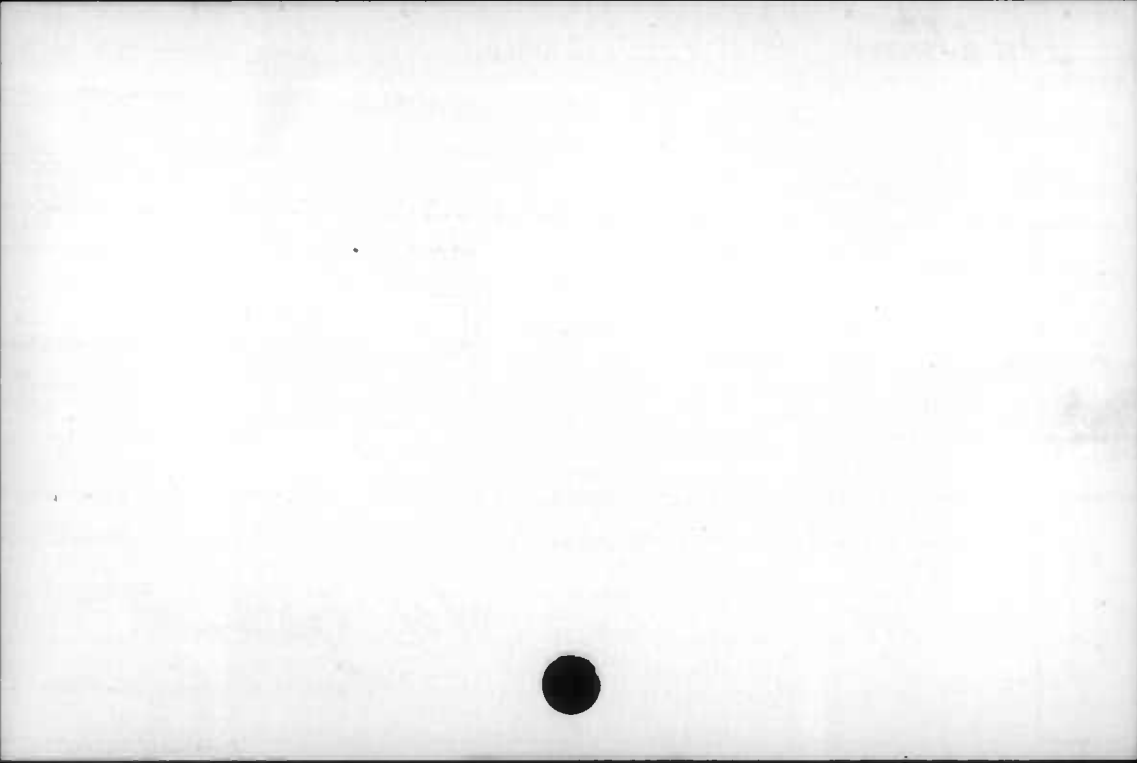
Died at <i>Rock Hill</i> ^{Town}		<i>Kent Co.</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>June</i> ^{Month}	<i>15</i> ^{Day}	<i>51</i> ^{Years}	<i>4</i> ^{Months}	<i>15</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Kent Md.</i>		
Occupation <i>laborer</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>May Tilghman</i>				
Father's Name <i>Samuel Graves</i>	Father's Birthplace <i>Kent</i>		Mother's Birthplace <i>Do not know</i>		
Mother's Maiden Name <i>Do not know</i>	Name of person giving information <i>John Graves</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter J. Kelly M.D.</i>
	Address <i>Rock Hill Md.</i>
Accident or Suicide?	



Name
in
Full

Isabel Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Rock Hall^{County} Kent

MARYLAND

Date of death 1908 June 10

Age Years 43

Months

Days

Sex Female

Color or Race Black

Birth-place Maryland

Occupation House Work

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband William Green

Father's Name Edward Willis

Father's Birthplace Maryland

Mother's Maiden Name Scholā Jorsey

Mother's Birthplace Maryland

Name of person giving information Mamie Ringgold

How related to deceased Cousin

CAUSES OF DEATH

42 ✓

PHYSICIAN
OR CORONER

Primary Cancer of Uterus

How long One month

Immediate Exhaustion

How long One month

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. H. Schwartz M.D.

Address

Rock Hall

Accident or Suicide? no



Name
in FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Rock Hall* *Kent* County

Date of death 1909 June 11 Age 63 Months 4 Days 1

Sex *Male* Color or Race *White* Birth-place *Kent Co. Md*Occupation *School Teacher* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *May M. Toulson*Father's Name *John Greenwood of Wm* Father's Birthplace *Kent Co. Ind.*Mother's Maiden Name *Caroline Adkinson* Mother's Birthplace *Kent Co. Ind.*Name of person giving Information *Clarence A Greenwood* How related to deceased *Son.*

CAUSES OF DEATH

Primary *Heart disease* How long *one year*Immediate *Exhaustion* How long *One month*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *H. H. Schwatka*Address *Rock Hall*Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Lizzie Bell Greenwood
Near Chesterton Kent

MARYLAND

Date
of death

1909

Month

June

Day

26

Age

Years

1

Months

4

Days

—

Sex

Female

Color or
Race

White

Birth-
place

3rd.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

S

Name of Wife or
HusbandFather's
Name

Walter Bowers Greenwood

Father's
Birthplace

Lynch Md

Mother's
Maiden Name

Edith Green

Mother's
Birthplace

Dorchester Co. Md

Name of person giving
Information

Edith Greenwood

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Reached

How long

4 days

Immediate

Bronchial Pneumonia

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Frank W Smith
Lanham Md

Accident or Suicide

no

Still Pond Cemetery

Chas. L. Dodd

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

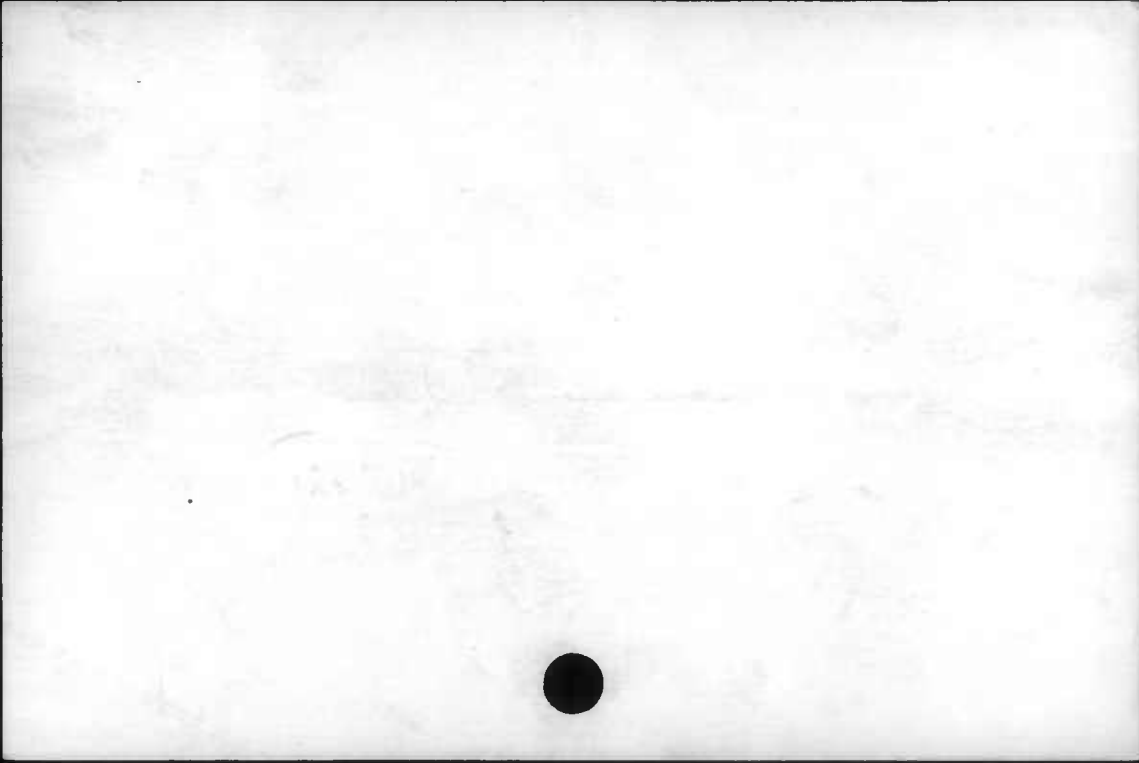
Died at <i>Berkeley Kent</i>		County <i>Kent</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>Jan</i>	Day <i>7</i>	Age <i>53</i>	Months <i>2</i>
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Md.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lawrence Harris</i>			
Father's Name <i>James Spence</i>		Father's Birthplace <i>Bowie Co Md</i>			
Mother's Maiden Name <i>Elizabeth (unknown)</i>		Mother's Birthplace <i>Bowie Co Md</i>			
Name of person giving Information <i>Lillian Chambers</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>3 years</i>
Immediate	<i>Uremia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. W. Smith</i>	
		Address <i>Farmington</i>	
Accident or Suicide <i>No</i>			



Name
in
Full

William H. Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Chester town

County

Kent

Date

of death

1909 June 28

Age

36

Sex

male

Color or
Race

Black

Birth
place

Months

Days

North Carolina

Occupation

Farmer

Where Residing if not
at place of death

Chester town

Married, Single
or Widowed

Married

Name of Wife or
Husband

Nancy Hill

Father's
Name

Don't know

Father's
Birthplace

Don't know

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
Information

Nancy Hill

How related
to deceased

wife

CAUSES OF DEATH

Primary

Chronic nephritis

How long

120 Several yrs.

Immediate

Uremia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Frank B. Jones

Address

Chester town, Md.

Accident or Suicide

no

Hicks

Colored Cemetery

Name
in
Full

Andrew Albert Primhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town (Helm Farm)		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		June	25	62		4	
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Helen Corriett Primhart					
Father's Name		Father's Birthplace					
Andrew A. Primhart		Fred. Co Md					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Hillman		Mont. Co Md					
Name of person giving Information		How related to deceased					
Helen Primhart		Wife					

CAUSES OF DEATH

79

Primary	Endocarditis	How long	3 months.
Immediate	Uremia	How long	18 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. Franklin Smith	
		Address	
		Farm	
Accident or Suicide		Md	

PHYSICIAN
OR CORONER

Louden Park.

Name
in
Full

Raymond Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Morgue Town Kent County MARYLAND

Date of death 1909 June 30 Day 8 Age 20 Months 20 Days

Sex Male Color or Race Colored Birth-place Morgue

Occupation Infant Where Residing if not at place of death Home

Married, Single or Widowed infant Name of Wife or Husband infant

Father's Name George Scott Father's Birthplace Queen Anne's

Mother's Maiden Name Gussie Cotton Mother's Birthplace Morgue

Name of person giving Information Gussie Scott How related to deceased Mother.

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary Rachitis How long All life

Immediate Convulsions How long Mother says since Nov '08

Are the name, age, sex, color, date and place correctly given above? Yes

There had been four little done for this child.

Signature of Physician H. Benge Address Chesler town Md

Accident or Suicide

Sicks

Militota

Name
in Full

CERTIFICATE OF DEATH

Charles A Stanley

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Loc} Near Still Pond ^{County} Kent ^{MARYLAND}

Date of death 190 ^{Month} 9 ^{Day} June ^{Age} 1 ^{Years} 3 ^{Months} 14 ^{Days}

Sex male Color or Race Black Birth-place Ind

Occupation _____ Where Residing if not at place of death _____

Married, Single, or Widowed _____ Name of Wife or Husband _____

Father's Name Howard Stanley

Father's Birthplace Ind

Mother's Maiden Name Addie Smith

Mother's Birthplace Ind

Name of person giving Information Howard Stanley

How related to deceased father

CAUSES OF DEATH

93

Primary Pneumonia, heart failure one week,

Immediate

Are the name, age, sex, color, data and place correctly given above? yes,

Signature of Physician

W.S. Maxwell,

Address

Still Pond, Md,

Accident or Suicide

PHYSICIAN
OR CORONER

Toutan Chush

Name
in
Full

Edgar Hoffman Strong

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad et ^{Town} Near Rock Hall ^{County} Kent **MARYLAND**

Date of death 1909 ^{Month} June ^{Day} 23 Age ^{Years} 60 ^{Months} ^{Days}

Sex Male Color or Race White Birthplace Kent Co.

Occupation Farmer Where Residing if not at place of death Near Rock Hall

Married, Single or Widowed Married Name of Wife or Husband Rose

Father's Name Laurence Miller Strong Father's Birthplace Kent Co.

Mother's Maiden Name Angelina Amanda Hoffman Mother's Birthplace Balto.

Name of person giving Information M. W. Thomas How related to deceased Cousin.

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Heart Disease How long 5 years

Immediate Apnea How long 10 days

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician H. H. Schwartz M.D.

Address Rock Hall

Accident or Suicide no

St Pauls -

Chas L Dodd

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Richard Wallace

Died at *Leeds* Town *Leeds* County *Leeds* **MARYLAND**

Date of death *1909* Month *June* Day *14* Age *73* Years Months Days

Sex *Male* Color or Race *African* Birth-place *Maryland*

Occupation *Farm labour* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Henry Wallace*

Father's Name *Fredrick Wallace* Father's Birthplace *Maryland*

Mother's Maiden Name *Harriett Ringgold* Mother's Birthplace *Maryland*

Name of person giving Information *Fredrick Wallace* How related to deceased *Brother*

CAUSES OF DEATH

90 ✓

PHYSICIAN
OR CORONER

Primary *Purulent Bronchitis from Pleurisy* How long *3 mths*

Immediate *exhaustion* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank W. Smith*

Address *Leeds*

Accident or Suicide *no*

Yairlee



Name
in
Full

Rosa Wiggins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chester town</i>		<i>Kent</i> County		MARYLAND	
Date of death	1909	Month	June	Day	3
Age		85			
Sex	<i>Female</i>		Color or Race	<i>Black</i>	
Occupation	<i>Laborn</i>		Birth-place	<i>Kent Co.</i>	
Where Residing if not at place of death			<i>Chester town md</i>		
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Jesse Wiggins</i>	
Father's Name	<i>—</i>		Father's Birthplace	<i>Kent Co.</i>	
Mother's Maiden Name	<i>Rose Telfman</i>		Mother's Birthplace	<i>Kent Co.</i>	
Name of person giving Information	<i>Sara Cooper</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORNER

Primary	<i>Nephritis</i>	How long	<i>Several yrs.</i>
Immediate	<i>Hertins-Schroais. Heart failure</i>	How long	<i>Several months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Frank B. Hines</i>
		Address	<i>Chester town md</i>
Accident or Suicide		<i>no</i>	

Gairlee

